

REQUEST FOR CHANGE OF ADDRESS □ □ □ □ □ □ □ □ □ □ □ □ □ □

IF THE ADDRESS APPEARING ON THE ATTACHED TAX BILL OR LETTER IS NOT CORRECT, ENTER THE CORRECT INFORMATION ON THIS CARD AND RETURN IT TO THE SAN BERNARDINO COUNTY ASSESSOR. COMPLETE A SEPARATE CARD FOR EACH PARCEL. DO NOT RETURN THIS CARD IF THE ADDRESS IS CORRECT.

Parcel No.

NEW MAILING ADDRESS

Mailing Address _____

City, State and Zip _____

TO AVOID A POSSIBLE DELAY IN PROCESSING THIS REQUEST, MAKE CERTAIN **ALL** AREAS ARE COMPLETED AND CARD IS SIGNED.

Name (must be owner of record)

Signature

Date